LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

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|----|----|----|-----|---|
| To | Re | Fi | led | R |

LOBBYISTS (Sec. 67-6619) Page___of__Page(s) THIS SPACE FOR OFFICE USE ONLY

09 MAR 31 AM 8: 13

SECRETARY OF STATE

| | | | ly in black ink) bottom of page | | | | | | | STAT | E OF ID | STATE | |
|---|-------------------------------------|---------------|------------------------------------|---|---|----------------|-----------|--|----------------|------------------|------------|--------------|--|
| Lobbyist's name and permanent business address | | | | | Date prepared | | | | Period covered | | | | |
| Jeffrey C. Crumrine Magic Valley Rehabilitation Services, Inc. | | | | | | Zato propinco | | | | X month ending | | | |
| P. O. Box 189 Twin Falls, ID 83303-0189 | | | 3/30/2009 | | | | (Mo.) | (Day) | (Yr.) | | | | |
| Item | Totals of | `-11 | 1 | | 7 11 | | | 111117 | 1 1 10 | 03 | 31 | 2009 | |
| 1 | | | ole expenditures made o | | | | | | | | | yer. | |
| Category of Expenditure Reimbursed Personal Living and Travel | | | *Total Amount for | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | | | | | | | |
| Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | | All Employers | Employer No. 1 | | | Employer No. 2 | | Employer No. 3 Empl | | Employer | No. 4 | | |
| Enterta Food a | inment nd Refreshment | | s -0- | | | | ¢ | | | | <u> </u> | | |
| | | | -0- | \$ <u>-0-</u> -0- | | | \$ | \$_ | | | \$ | | |
| | Accommodation | IS | -0- | -l ——— | | | | | | | | | |
| Advert | sing | | | | | | | | | | | | |
| Travel | | | | - | 0 | | | | | | | | |
| Telepho | one | | | · | <u>0-</u> | | | | | | | | |
| Other E | Expenses or Serv | rices | | | | | | | | | | | |
| | | | | | _ | = | | | | - | | | |
| | | Total | s | - \$ | 0 | | \$ | \$_ | |] | \$ | | |
| *When | the number of emi | olovers vou a | re reporting for requires m | ultiple.L-2 fo | orms to 1 | be filed | a tota | al amount for all emplo | overs should b | oe entered | on Page 1. | | |
| | The totals of | each expend | diture of more than sev | | | | | | | | | fficials and | |
| Item- | member(s) of | their house | hold. | | | | | Name of the | 'alatam Dalil | : 1 P | t' Off | 1.1. | |
| 2 | Date | | Place | | | Amount | | Names of Legislators, Public and and Household Members | | | | | |
| | | | NONE | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Continued on attac | hed nage(s) | | | | | | | | | | | |
| INSTRUCTIONS | | | | | | Iter 3 | | Employer(s) Name(s) and Address(es) | | | | | |
| | | | | | | | | Magic Valley Rehabilitation Services, Inc. | | | | | |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | | | | | No.1 P. O. Box 189 Twin Falls, ID 83303-0189 | | | | | | | | |
| | ng deadline: M th for activities | | orts due within fifteen month. | (15) days of | f the | No. 2 | | | | | | | |
| то | TO BE FILED WITH: | | | | | | | | | | | | |
| Ben Ysursa Secretary of State | | | | | No. 3 | | | | | | | | |
| 1 | PO Box 83720 | | | | | | | | | | | | |

No. 4

| Item 4 | | | ehalf of any Legislator, Pul | employer in the nature of contributions of money or other tangible or intangible personal r, Public or Executive Official or Household Member(s). | | | | | |
|------------------|------|--|---|---|--|--|---|--|--|
| | Date | Amount | Name of Legis | gislator, Public or Executive Official and Household Member(s) Receiving or Benefiting | | | | | |
| Item | | | on, the number of the Senate | | LEGISLATIVE SUI | ВЈЕСТ | IDENTIFICATION | | |
| 5 | | e Bill, Resolution or other byist was supporting or opp | legislative activity in which oosing. | Code | Subject | Code | Subject | | |
| Subject (from | Code | Bill, Resolution or Other egislative Ident. Number | Appropriation Bill Number and Section Number | 01 | Agriculture, borticulture, farming, and livestock Amusements, games, athletics | 17 | Health service, medicine, drugs and controlled substances, health insurance, hospitals | | |
| 11 31 | | NONE None | NONE | 03 | and sports Banking, finance, credit and investments | | Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, | | |
| | | NOTES | TVO IL | 1 | | 21 22 23 24 25 26 27 28 29 30 | , | | |
| | | · · · · · · · · · · · · · · · · · · | n, procurement, contract, or bond lobbyist was support- | | CERTIFICATION: I hereby certify correct statement in accordance with | | | | |
| | | NONE | | | | | | | |